International Chair on Cardiometabolic Risk

WAIST CIRCUMFERENCE MEASUREMENT
LOG FORM

Name or Subject ID : _____

DATE (dd/mmm/yyyy)	WAIST CIRCUMFERENCE	EVALUATOR'S INITIALS
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	
_____/_____/_____	_____._____ ☐ cm ☐ in	